



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

**Bin Zhao**

Serial No.: 09/686,323

Filed: October 9, 2000

For: **Method of Fabricating an  
Interconnect Structure Employing  
Air Gaps Between Metal Lines and  
Between Metal Layers**

Art Unit: 2814

Examiner: Ginette Peralta

#17 Response  
CN/ES  
Anders  
5/14/03

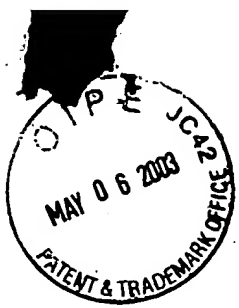
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**RESPONSE TO FINAL OFFICE ACTION**

Honorable Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir/Madam:

This is in response to the *Final Office Action* dated January 2, 2003 in the above-referenced patent application. Please enter and consider the following remarks.

**AMENDMENT COVER SHEET**IN RE APPLICATION OF: Bin ZhaoSERIAL NO.: 09/686,323 FILED: October 9, 2000FOR: Method of Fabricating an Interconnect Structure Employing Air Gaps Between Metal Lines and Between Metal LayersHONORABLE COMMISSIONER FOR PATENTS  
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

- ☐ No additional fee is required.
- ☒ The fee has been calculated as shown below:

☒ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	110.00	55.00	\$ 110.00
SECOND MONTH AFTER TIME PERIOD SET	410.00	205.00	\$
THIRD MONTH AFTER TIME PERIOD SET	930.00	465.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,450.00	725.00	\$

☒ TOTAL EXTENSION FEE \$ 110.00☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	25	MINUS **28	* = 0	x 18	x 9	\$
INDEPENDENT	2	MINUS ***3	* = 0	x 84	x 42	\$
First presentation of multiple dependent claim				+ 280	+ 140	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

- \* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
- \*\* If the number of Total Claims previously paid for is less than 20, write "20" in this space.
- \*\*\* If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

- ☐ Total fee for Supplemental Information Disclosure Statement \$
- ☒ Enclosed is the total fee of \$ 110.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date:

5/2/03

By:

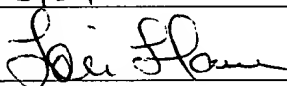
  
Michael Farjami, Reg. No. 38,135

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on:

5/2/03

Signature



Lori Llave

Typed or Printed Name of Person Mailing Paper and/or Fee

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